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**CENTRAL FAX CENTER**

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**NOV 03 2004**

**PATENT APPLICATION**  
**Docket No. 2705-108**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: **Herbert M. Wildfeuer**

Confirmation No. **9916**

Serial No. **09/579,719**

Examiner: **Swerdlow, Daniel**

Filed: **May 26, 2000**

Group Art Unit: **2644**

For: **METHOD AND APPARATUS FOR INBAND TESTING OF AN ECHO  
CANCELLER**

Date: **November 3, 2004**

**MAIL STOP AMENDMENT**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**AMENDMENT**

Responsive to the Office Action, Paper No. 12, dated August 3, 2004, please amend the application as follows.

**Claim amendments begin on page 2.**

**Remarks begin on page 11.**

I hereby certify that this correspondence is being transmitted to the U.S. Patent and Trademark Office via facsimile number (703) 872-9306, on November 3, 2004.

  
Beth A. Nichols

AMENDMENT

PAGE 1 OF 15

APPLICATION NO. 09/579,719  
DO. NO. 2705-108

PATENT APPLICATION  
Docket No. 2705-108

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In re application of: Herbert M. Wildfeuer

Confirmation No. 9916

Serial No. 09/579,719

Examiner: Swerdlow, Daniel

Filed: May 26, 2000

Group Art Unit: 2644

For: METHOD AND APPARATUS FOR INBAND TESTING OF AN ECHO  
CANCELLER

Date: November 3, 2004

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

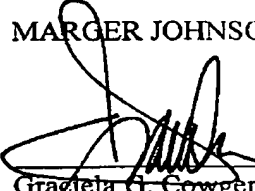
Responsive to the Office Action dated August 3, 2004, enclosed is an amendment in the above-identified application. The fee has been calculated as shown below.

| CLAIMS AS AMENDED                       |                        |                 |       |          |                |
|---|------------------------|-----------------|-------|----------|----------------|
| For:                                    | Number After Amendment | Previous Number | Extra | Rate     | Additional Fee |
| Total Claims                            | 75                     | 81              | 0     | x \$18 = | \$ 0           |
| Independent Claims                      | 8                      | 8               | 0     | x \$88 = | \$ 0           |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT |                        |                 |       |          | \$ 0           |

☒ Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

Respectfully submitted,

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